U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 File Number U 856				2 1 13001					
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3 Name and address of person filing				4 Name	4 Name file number and address of labor organization				
lame	William	M Long		Name	IBEW Local 1	613			
				Labor	Organization File Nu	mber 004-38	4 1		
PO Box Bidg Room No If any				POI	Box Building and Roo	om Number if any	Suite 105		
Street	305 Manor Lane	.,,	Market Annual Translation	Stree	6200 Connect	ıcut.			
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City	Buckner	· · · · · · · · · · · · · · · · · · ·		City	Kansas City		.,	dr	
State	Missouri	ZIP C	ode + 4 64016	State	Missourı	7	ZIP Code + 4	64120	
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Name of Person Filing William Long	File Number U							
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested								
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4  10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bidg Room No if any	9 Business deals with  a Labor Organization  b Trust  c. Employer  11 a Nature of such dealing							
City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  12 b Amount.							
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value								
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  PO Box Bldg Room No if any  Street  City  State  ZIP Code + 4	14 a Nature of payment							
13 b Is the Business an Employer or Consultant?	14 b Amount of payment							